



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

RECEIVED

DEC 28 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. CS4-01210 CTCL WRIA 38

DATE ACCEPTED 02/11/11 BY [Signature]

FEE \$ 250.00 REC'D 12/28/10

CHECK No. 853825 505

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME New Schanno Ditch Company	PHONE NO. (509) 453-5604	FAX NO. ( )
ADDRESS 117 N. 3 <sup>rd</sup> St. Suite 200		
CITY Yakima	STATE WA	ZIP CODE 98901

CONTACT NAME (IF DIFFERENT FROM ABOVE) Dave Brown	PHONE NO. (509) 575-6204	FAX NO. (509) 575-6187
ADDRESS 2301 Fruitvale Blvd		
CITY Yakima	STATE WA	ZIP CODE 98902

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER 1210	RECORDED NAME(S) New Schanno Ditch Company
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

CS4-01210 CTCL

me COURT CLAIM 01210 06-30-1871			
FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Naches River		NE	SE	9	13N	18E	181309-41009	N/A

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Naches River		SE	N W	9	13N	18E	181309-24002	N/A

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING: ☐ YES ☒ NO      PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: City of Yakima

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of residential, Commercial and agricultural lands	9.38 cfs Apr 1 - Aug 31; 6.25 cfs Sept; 4.69 cfs Oct.	3,149	April 1 - October 31 With the west side drain water
Irrigation of residential, Commercial and agricultural lands	14.98 cfs Apr 1 - Aug 31; 10 cfs Sept; 7.5 cfs Oct.	5,163	April 1 - October 31 Without the west side drain water

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of residential, Commercial and agricultural lands	9.38 cfs Apr 1 - Aug 31; 6.25 cfs Sept; 4.69 cfs Oct.	3,149	April 1 - October 15 With the west side drain water
Irrigation of residential, Commercial and agricultural lands	14.98 cfs Apr 1 - Aug 31; 10 cfs Sept; 7.5 cfs Oct.	5,163	April 1 - October 15 Without the west side drain water

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
Place of use is described in NS 19 (attached) and identified on on COY 15F-1 Upper New Schanno, COY 15I-1 Western New Schanno; COY 15K-1 Eastern New Schanno, COY 15N-1 Lower New Schanno and COY 15C-1 (attached)



1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							388.6

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?    ☐ YES    ☒ NO – IF NO, PROVIDE OWNER(S) NAME: City of Yakima

**B. Proposed**

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Place of use is described in NS 19 (attached) and identified on on COY 15F-1 Upper New Schanno, COY 15I-1 Western New Schanno; COY 15K-1 Eastern New Schanno, COY 15N-1 Lower New Schanno and COY 15C-1 (attached)							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							388.6

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?    ☐ YES    ☒ NO – IF NO, PROVIDE OWNER(S) NAME: City of Yakima

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES    ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 120529, 064441, 938-D, S4-01141, 120528, 190, 4116, 5318, 4646

**6. Remarks and Other Relevant Information:**

Current Point of Diversion is 2,500 feet north and 100 feet west from the southeast corner of section 9, beginning within NE1/4SE1/4 of section 9, T. 13N, R. 18 EWM
Proposed Point of Diversion 1,790 feet south and 1,600 feet east from the northeast corner of section 9 being within the SE1/4NW1/4 of section 9, T 13N, R 18EWM.
Priority Date is June 30, 1871
CFO Issued April 10, 2003 and attached
There are five (5) of these change applications are being filed with Ecology concurrently; the upstream diversion moves and the consolidation of the Fruitvale Canal and the Old Union diversions into one consolidated point of diversion (POD) are proposed to provide both improved operational efficiency for the City of Yakima who runs/operates the Fruitvale Canal for Old Union who operates the Old Union ditch diversion AND to benefit fish and habitat in the Cowiche Creek and the Naches River; since these 5 POD changes will "substantially enhance the quality of the natural environment", expedited processing for all 5 change applications under the Hillis Rule, WAC 173-152-050(3)(a) is requested; it is proposed to permanently donate to the state Trust Water Rights Program the no longer needed portion of the Old Union Irrigation Company water right (~11 cfs of the confirmed water right that's no longer needed) and the no longer needed portions of any of the other four (4) water rights that may be determined during investigations to be no longer needed, for instream flow augmentation use or other appropriate uses within the trust, to further demonstrate that the 5 water right change applications all qualify for expedited processing under WAC 173-152-05-(3)(a).
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

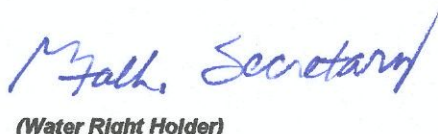
**7. Signatures:**



I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

  
(Applicant)

12/27/10  
(Date)

  
(Water Right Holder)

12/9/10  
(Date)

(Land Owner(s) of Existing Place of Use)

/ /  
(Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_